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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  X. Russell de Rosa
Atlantic Net Broadband, Inc. 440 Kennedy Blvd., Suite 3 Orlando, FL 32810-6277	
130106.TX PSC-13-0293-CO-TX	3. Service Type  Cartified Mail Express Mall Registered Return Receipt for Merchandise Insured Mall C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7010 07	80 0002 2866 7479
PS Form 3811, February 2004 Domestic F	leturn Receipt 102595-02-M-1540

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